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Bib Data Sheet

CONFIRMATION NO. 8936

SERIAL NUMBER 10/804,993	FILING OR 371(c) DATE 03/19/2004 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 20030372.ORI	
APPLICANTS Kurt Amplatz, North Oaks, MN; John C. Oslund, Blaine, MN; Gary A. Thill, Vadnais Heights, MN;					
** CONTINUING DATA ***** <i>- none - MCA</i>					
** FOREIGN APPLICATIONS ***** <i>- none - MCA</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/02/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Marked, Oslund MCA</i> Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
ADDRESS 23595					
TITLE Multi-layer braided structures for occluding vascular defects					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 3525

SERIAL NUMBER 10/802,435	FILING OR 371(c) DATE 03/16/2004 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 5618.P4354	
APPLICANTS Jeong Lee, Diamond Bar, CA; Carla Rosa Pienknagura, San Francisco, CA;					
** CONTINUING DATA ***** <i>-none- MCA</i>					
** FOREIGN APPLICATIONS ***** <i>-none- MCA</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/04/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Monlee C. Fox</i> <i>MCA</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 3
ADDRESS 08791					
TITLE Stent deployable at a low pressure and a stent delivery system					
FILING FEE RECEIVED 1112	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		